| Disclosure Re  | eport Cover   |  |                           |                  |           |                            | Amendment   |
|--|---|--|---------------------------|------------------|-----------|----------------------------|---|
| Use this form for ge   | eneral report and committee   | informat                               | tion. must be             | e signed         | and sub   | mitted along with d        | Yes No  |
| Do not use this form   | i to update information   | ······································ |                           |                  |           | minos siong irini.         | And actanea torms.  |
| 1. Committee Infor   | rmation   |  |                           |                  |           |                            |   |
| a. Full Name   |   |  |                           |                  |           |                            | c. ID Number  |
|  | t Tripp Melton for Town Co  | uncil                                  | ·                         | RE               | CEI       | VED                        | 1JM8IV  |
|  | lude City, State and Zip Code)  |  |                           |                  |           |                            | d. Date Filed   |
| 3905 Waters Reach<br>Indian Trail, NC 2  | · <del></del>   |  |                           |                  | CT 28     |                            | 10/26/2015  |
|  | ,   |  |                           | Union C          | o. Board  | of Elections               | e. Phone Number   |
|  |   | <del></del>                            |                           |                  |           |                            | 704 821 6577  |
| 2. Report Year   | 3. Period Start Date (mm/c  | id/yy)                                 | 4. Period (mm/dd/yy)      |                  | ite       | 5. Treasurer Ful           |   |
| 2015   | 07/01/2015  | <del>" </del>                          | 1                         | 19/2015          |           | Nancy Lynn Jaco            |   |
| 6. Type of Commit  |   |  | e of Report               | t (c             | heck onl  | ly one type of repor       | t from one category)  |
| Candidate Camp   | aign Party Referendum   | Municip                                |                           | <del></del>      | State/Co  | <u>-</u>                   | Referendum  |
| Independent  | Joint Fundraiser  | 片                                      | Organizational            |                  | <u> </u>  | Organizational             | ☐ Organizational  |
| Expenditure Legal Expense Fu   | und   |  | Thirty-five day           | y                | ,         | Quarterly                  | Pre-referendum  |
| 7. Type of Fund  | (if applicable, check one)  |  | Pre-primary               |                  |           | First                      | Final   |
| "Booster Fund" Building Fund   | I   | $\Gamma = 0$                           | Pre-election              |                  |           | Second                     | Supplemental Final  |
| Dougue t and   | !   | _                                      | Pre-runoff<br>Semi-annual |                  | H         | Third<br>Fourth            | Annual  |
|  | •   |  | Mid Year                  | r                | S         | rounn<br>Semi-annual       | Special   |
| Other:   | ,   |  | Year End                  | 1                |           | Mid Year                   | 10. Special Report Name                                     |
| ,  |   | 1 = .                                  | Final                     |                  |           | Year End                   |   |
| 8. Number of Funda   | raisers this Report   |  | Special                   |                  | Fi        | inal                       |   |
| 44 4 47 4  | 0   | <u> </u>                               | <del></del>               |                  |           | pecial                     |   |
| 11. Account Inform a. Financial Institution F  |   |  |                           |                  |           | nformation                 |   |
| BB+T   | uii Naine   |  |                           |                  |           | tution Full Name           |   |
| b. Purpose   | c. Account Code   |  |                           | PayPa<br>b. Purp |           |                            | c. Account Code   |
| Checking   |   |  |                           |                  | e payme   | nt                         |   |
|  | d. Period Begin Balance   |  |                           | and re           |           | , ••                       | 02  |
|  |   |  |                           |                  |           |                            | d. Period Begin Balance                                     |
|  | \$ 00.00  | ·                                      |                           |                  | -         | · •                        | \$ 0.00   |
| CERTIFICATION  |   |  |                           |                  |           |                            |   |
| I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections. |   |  |                           |                  |           |                            |   |
| Nancy Jacob  | <del></del>   |  | - Aa                      | 214              | treo      |                            | 10/26/2015  |
| FOR OFFICE USE OF  | Printed Name of Signer  |  | ∨ Sig                     | gnatuté of       | Appointed | d Treasurer                | Date  |
| Date Received:   | 10/28/15  | J                                      | Employee:                 | K                | Jai       | umit                       | Delivery Method   |
| Date Postmarked  | : 10/26/15  |  | Employee:                 | K                | Jan       | wind                       | Normal Mail Registered Mail                                 |
| Date Scanned:  | 10/28/15  | I                                      | Employee:                 | ķ                | (Ja       | umh                        | Hand Delivered Electronically Filed Signer has not received |
| Date Data Entere   | d:  | I                                      | Employee:                 |                  |           | and philinden server ages. | mandatory training  |
| Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.  |   |  |                           |                  |           |                            |   |
|  | You must amend the Statement of Organization (CRO-2100A-E) to make committee changes. |  |                           |                  |           |                            |   |

Amendment

## Detailed Summary

Amendment

X Yes

No

П

Use this form to summarize all disclosure reporting forms and to total monetary information. 1. Committee Full Name (and Fund if applicable) 2. Type of Report 3. ID Number Committee to Elect Tripp Melton for Town Council Pre-Election 1JM8IV Total this Total this **Start of Election Cycle:** January 1, 2015 Reporting Period **Election Cycle** Cash on Hand at Start 2,750.00 \$ 0.0 RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) 2,003.84 4,758.84 Contributions from Individuals (CRO-1210) \$ Ŝ **Contributions from Political Party Committees** 7) (CRO-1220) \$ \$ Contributions from Other Political Committees (CRO-1230) \$ 9) Loan Proceeds (CRO-1410) \$ \$ 10) Refunds/Reimbursements To the Committee (CRO-1240) \$ \$ Other Receipt Sources 11a) Interest on Bank Accounts \$ (CRO-1250) \$ 11b) Contributions from Not-for-Profit Organizations (CRO-1250) \$ \$ 11c) Outside Sources of Income (CRO-1250) \$ \$ 11d) Legal Expense Fund - Other Sources S (CRO-1270) \$ 11 e) Exempt Purchase Price Sales \$ (CRO-1265) \$ TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) ŝ 2.003.84 \$ 4,758.84 EXPENDITURES 13) Disbursements 13a) Operating Expenditures (CRO-1310) \$ 3,396.13 S 3,396.13 13b) Contributions to Candidates/Political Committees (CRO-1310) \$ \$ 13c) Coordinated Party Expenditures (CRO-1310) \$ \$ 14) Aggregated Non-Media Expenditures (CRO-1315) \$ Ŝ 15) Loan Repayments (CRO-1420) \$ \$ Refunds/Reimbursements From the Committee 16) (CRO-1320) \$ S 17) In-Kind Contributions (CRO-1510) \$ 3.84 \$ 8.84 TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) 18) 3,399.97 \$ 3,404.97 Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) 19) 1,353.87 \$ 1,353.87 ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) \$ 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) \$ Debts and Obligations owed By the Committee 22) \$ (CRO-1610) 330.00 Debts and Obligations owed To the Committee 23) (CRO-1620) \$ Account Transfers Within the RECEIVED 24) (CRO-1720) \$ 25) Administrative Support (CRO-1710) \$ OCT 2 8 2015 26) Forgiven Loans (CRO-1440) \$ \$ 48-Hour Notice Reports SumUnion Co. Board of Elections 27) (CRO-2200) \$ Ŝ Contributions to be Refunded (CRO-1215) \$ \$

| Use this  | form to report ind           | ividual contributions    | over \$50                                    | or contributions und    | ler \$50 if form CF          | RO 1205 is r                                  | not used     | <del>y_</del> 3_ |  |
|---|------------------------------|--------------------------|--|-------------------------|------------------------------|---|--------------|------------------|--|
| Use this form to report individual contributions over \$50 or contributions under \$50 if form CR 1. Committee Full Name (and Fund if applicable) |                              |                          |  |                         |                              |   | 2. ID Number |                  |  |
| Committee to Elect Tripp Melton for Town Council  |                              |                          |  |                         | 1JM8IV                       |   |              |                  |  |
| 3. Contr  | ibutor Informati             | on                       |  | Add Re                  | move                         | 1   |              |                  |  |
|   | me, Mailing Address          | & Phone                  |  | b. Job Title/Profession |                              | d. Comme                                      | nts          |                  |  |
|   | city, state, & zip)          |                          |  | Owner                   |                              |   |              |                  |  |
| Ingram V  |                              |                          |  |                         | · .                          | <u> </u>                                      |              |                  |  |
|   | ey Street<br>NC 28112        | ,                        |  | c. Employer's Name/Sp   |                              | 4   | •            |                  |  |
| 704 283   |                              |                          |  | Automotive Dealer       | rsnip                        | The state of                                  |              |                  |  |
|   | 2701                         |                          |  | ٠.                      |                              | e. Election                                   | Sum to Date  | ·                |  |
|   |                              |                          | •  |                         |                              | \$  | 2,000.0      | 0                |  |
| f. Prior  | g. Account Code              | h. Form of Payment       | i, In-F                                      | Kind Description        | j. Date (mm/dd/y             | ууу)  | k. Amount    | <u></u>          |  |
|   | 01                           | Check                    |  | ·                       | 09/25/2                      | 2015  | \$           | 2,000.00         |  |
|   | ·                            |                          | _  |                         |                              |   | \$           | -                |  |
|   | •                            | 1                        |  |                         |                              |   | \$           |                  |  |
| 3. Contr  | ibutor Informatio            | on                       |  | Add Rer                 | nove                         |   |              |                  |  |
|   | ne, Mailing Address          | & Phone                  |  | b. Job Title/Profession |                              | d. Commen                                     | ıts          | <u> </u>         |  |
|   | city, state, & zip)          | <del></del>              |  |                         |                              |   |              |                  |  |
|   | nn Jacobsen<br>ters Reach Ln |                          |  | Homemaker               |                              | _   |              |                  |  |
|   |                              | •                        |  | c. Employer's Name/Sp   | ecific Field                 | 4   |              |                  |  |
| Indian Trail, NC 28079 704 821 6577   |                              |                          |  |                         | e. Election Sum to Date      |   |              |                  |  |
|   |                              |                          | -  |                         |                              | \$  | 253.87       |                  |  |
| f. Prior  | g. Account Code              | h. Form of Payment       | i In-K                                       | ind Description         | i Data (mm/dd/m              |   |              |                  |  |
|   | g                            | Cash                     | Сору   |                         | j. Date (mm/dd/y)<br>09/28/2 |   | k. Amount    | .15              |  |
|   |                              | Credit Car               | Copi   | es .                    | 10/05/2                      | 2015  | \$           | 3.69             |  |
|   | ,                            |                          |  |                         |                              |   | \$           |                  |  |
| 3. Contri   | butor Informatio             | n                        |  | Add Ren                 | nove                         |   |              | T                |  |
|   | e, Mailing Address &         | Phone                    |  | b. Job Title/Profession |                              | d. Commen                                     | (s           |                  |  |
| (include  | city, state, & zip)          |                          |  |                         |                              |   |              |                  |  |
|   |                              |                          |  |                         |                              |   | •            |                  |  |
|   |                              |                          |  | c. Employer's Name/Spe  | ecilic Field                 | 1   | •            |                  |  |
|   |                              |                          |  |                         | •                            | e. Election 8                                 | Sum to Date  |                  |  |
| -   |                              |                          |  |                         |                              | \$  |              |                  |  |
| . Prior   | g. Account Code              | **BECEN                  | /EC  | d Description           | j. Date (mm/dd/yy            |   | k. Amount    |                  |  |
|   |                              | OCT 2 8 2                |  | ·                       | J. 2.115 (                   | 337   | \$           | ·                |  |
|   |                              | Union Co. Board of       |  |                         |                              | <u>,, , , , , , , , , , , , , , , , , , ,</u> | \$           |                  |  |
|   |                              | Auton on DOMIO O         | -ciection                                    | 8                       |                              |   | \$           |                  |  |
| I. Total  | only this Page               |                          | <u>.                                    </u> |                         |                              | \$  | 1            | 2,003.84         |  |
|   | of ALL CRO-                  | <del></del>              |  | 3                       |                              |   |              |                  |  |
|   |                              | Detailed Summary Page Ch | 20 1100                                      |                         |                              | \$  |              | 2,003.84         |  |

**Contributions from Individuals** 

Amendment

|                                     |  |                                       |   |                                    | S                              |
|-------------------------------------|--|---------------------------------------|---|------------------------------------|--------------------------------|
| Disbursem                           | ents   |                                       | n                                       |                                    | Amendment                      |
|                                     |  | from the committe                     | Pg<br>ee for; operating expenses;       |                                    | 1 Yes No                       |
| committees and                      | coordinated party ex                                 | rpenditures.                          | , |                                    | - Januard Political            |
|                                     | full Name (and Fur                                   |                                       | •                                       |                                    | 2. ID Number                   |
|                                     | lect Tripp Melton fo                                 |                                       |   |                                    | 1JM8IV                         |
| 3. Type of Disb Operating B         | 12.7   | ise use separate C                    | RO-1310 forms for each t                |                                    |                                |
| 4. Payee Inform                     |  | Contributions to Car                  | ndidates/Political Committees Add       |                                    | Coordinated Party Expenditures |
| <del></del>                         | ing Address & Phone                                  |                                       | b. Coordinated Committee N              | Remove                             | d. Comments                    |
| (include city, state,               |  |                                       | b. Coordinated Committee 14             | nine                               | u. Comments                    |
| Austin Print So                     |  |                                       |   |                                    | ·                              |
| 241 Post Office                     | Dr., A5  |                                       | c. Level Registered (Specify)           | **                                 |                                |
| Indian Trail, N                     | C 28079  |                                       | Federal                                 | County:                            | 7                              |
| 704 821 6165                        |  |                                       | State 🖂                                 | Municipality:                      | e. Election Sum to Date        |
|                                     | ·  |                                       |   |                                    | \$ 3,390.38                    |
| f. Account Code                     | g. Form of Payment                                   | h. Purpose Code                       | i. Date (mm/dd/yyyy)                    | j. Amount                          | k. Required Remarks            |
| 01                                  | Debit Card   | В                                     | 09/25/2015                              | \$1,553.21                         | Signs and                      |
|                                     |  |                                       |   | \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | Stanchions                     |
| 01                                  | Debit Card   | В                                     | 09/29/2015                              | \$ 346.94                          | Signs                          |
| 4. Payee Inform                     |  |                                       | Add 🔲                                   | Remove                             |                                |
|                                     | ng Address & Phone                                   |                                       | b. Coordinated Committee N              | ame                                | d. Comments                    |
| (include city, state,               |  |                                       |   |                                    |                                |
| Austin Print Sol<br>241 Post Office |  | -                                     | <b>T</b> 15 1. 10 10                    | -                                  | <u>-</u>                       |
| Indian Trail, NO                    |  |                                       | c. Level Registered (Specify)  Federal  | Country                            |                                |
| 704 821 6165                        | . 20079  |                                       | State                                   | County:<br>Municipality;           | e, Election Sum to Date        |
|                                     | •  |                                       |   | ividity,                           |                                |
|                                     |  |                                       |   |                                    | \$ 3,390.38                    |
| f. Account Code                     | g. Form of Payment                                   | h. Purpose Code                       | i. Date (mm/dd/yyyy)                    | j. Amount                          | k. Required Remarks            |
| 01                                  | Debit Card   | В                                     | 09/29/2015                              | \$ 572.18                          | Flyers and<br>Labels           |
| 01                                  | Debit Card   | В                                     | 10/02/2015                              | \$ 918.05                          | Flyers                         |
| 4. Payee Inform                     | ation  |                                       | Add                                     | Remove                             |                                |
| a. Full Name, Maili                 | ng Address & Phone                                   |                                       | b. Coordinated Committee Na             |                                    | d. Comments                    |
| (include city, state,               |  |                                       |   |                                    |                                |
| United States Po                    |  |                                       |   |                                    |                                |
| 210 Postage Wa<br>Indian Trail, NC  | •  | ļ                                     | c. Level Registered (Specify)           |                                    | _                              |
| 800 275 8777                        | , 20079  |                                       | Federal State                           | County:<br>Municipality:           | YU di O i D                    |
|                                     |  |                                       | State                                   | within tipanty:                    | e. Election Sum to Date        |
|                                     |  |                                       | •                                       | T                                  | \$ . 5.75                      |
| f. Account Code                     | g. Form of Payment                                   | h. Purpose Code                       | i. Date (mm/dd/yyyy)                    | j. Amount                          | k. Required Remarks            |
| 01                                  | Debit Card   | <u> </u>                              | 10/05/2015                              | \$ 5.75                            |                                |
|                                     |  |                                       |   | .\$                                |                                |
| 5. Total only thi                   |  | · · · · · · · · · · · · · · · · · · · |   | •                                  | \$ 3,396.13                    |
|                                     | CRO-1310 Pages                                       |                                       |   | , , ,                              |                                |
| (This line goes in t                | line 13a of Detailed Sum                             | \$ 3,396.13                           |   |                                    |                                |
| (This line goes in i                | line 13b of Detailed Sum<br>line 13c of Detailed Sum | 9,590.13                              |   |                                    |                                |
|                                     | es (List detailed exp                                |                                       | if Coordinated Party Expenditu          | res)                               |                                |
| A* - Media                          | B* - Printing  | C* - Fundi                            |   | CD- To Apot                        | her Candidate                  |
| E - Salaries                        | F* - Equipment                                       | G - Politica                          | Il Party OCT 28 20                      | H* - Holding                       | g Public Office Expenses       |
| I - Postage                         | J - Penalties  | K* - Office                           | Expenses CO1 2 0 20                     | Q* - Donation                      | on to Legal Expense Fund       |

\* Codes require detailed explanation in required remarks Helly (kg. Board of Elections

| in-Mina Contributions   |              |              |        | Pg <u>1</u> 0           | £                       | 1 Yes No                              |  |
|---|--------------|--------------|--------|-------------------------|-------------------------|---------------------------------------|--|
| Use this form to report non-monetary contributions, don   | ations, go   | oods or s    | ervi   | ces provided to         | the cor                 | 1 ☐ Yes ☒ No nmittee or fund.         |  |
| Use CRO-1215 if In-Kind Contributions were or will be 1. Committee Full Name (and Fund if applicable) | refunded     | l within '   | 7 da   | ys.                     |                         |                                       |  |
| Committee to Elect Tripp Melton   |              |              |        |                         | 2. 1                    | D Number                              |  |
| Mayor   |              | ,            |        |                         |                         | 1JM8IV                                |  |
| 3. Contributor Information Add  | T T          | Remove       |        |                         |                         | · · · · · · · · · · · · · · · · · · · |  |
| a. Full Name, Mailing Address & Phone   |              | 7            | of C   | Contributor             | C C                     | omments                               |  |
| (include city, state, & zip)  |              |              |        | vidual                  | +:-                     | omatenes                              |  |
| Nancy Lynn Jacobsen   |              |              | Can    | diđate                  |                         |                                       |  |
| 3905 Waters Reach Ln  |              | 1            | Part   | у                       |                         |                                       |  |
| Indian Trail, NC 28079  |              |              | PAC    | 2                       |                         |                                       |  |
| 704 821 6577  | 704 821 6577 |              |        | erendum                 | d. E                    | lection Sum to Date                   |  |
|   |              |              | Othe   | er Receipt Source       | \$ 253.84               |                                       |  |
| e. Description  |              |              |        | f. Date (mm/dd/y        | _l<br>vvv)              | g. Fair Market Amount                 |  |
| Photocopy   |              |              |        | 09/28/201               |                         | \$ .15                                |  |
| Photocopies   |              | *            |        |                         |                         |                                       |  |
|   | <u> </u>     |              |        | 09/28/201               | 5                       | \$ 3.69                               |  |
|   |              |              |        |                         |                         | \$                                    |  |
| 3. Contributor Information Add  | [] F         | Remove       |        |                         |                         | <u>. L., </u>                         |  |
| a. Full Name, Mailing Address & Phone   |              | ь. Туре      | of C   | ontributor              | c. Co                   | mments                                |  |
| (include city, state, & zip)  |              |              | Indiv  | ridual                  |                         |                                       |  |
| •   |              | ı ≔          |        | lidate                  |                         |                                       |  |
|   |              | $\cdot =$    | Party  |                         |                         |                                       |  |
|   |              |              | PAC    |                         |                         |                                       |  |
|   |              | =            |        | rendum                  | d. Election Sum to Date |                                       |  |
| ·   |              | - '          | Jinei  | r Receipt Source        | \$                      |                                       |  |
| e. Description  |              |              | T      | f. Date (mm/dd/yy       | уу)                     | g. Fair Market Amount                 |  |
|   |              |              |        |                         |                         |                                       |  |
|   | <u>.</u>     |              | -      | <del></del>             |                         | \$                                    |  |
|   |              |              |        |                         |                         | \$                                    |  |
|   |              |              |        |                         |                         | \$                                    |  |
| 3. Contributor Information  | R            | emove        | J      |                         |                         | <u> </u>                              |  |
| a. Full Name, Mailing Address & Phone   |              | b. Type o    | f Co   | ntributor               | c. Cor                  | nments                                |  |
| (include city, state, & zip)  |              | Ь            | ndivi  | dual                    |                         |                                       |  |
|   |              | ==           | andi   | date                    |                         |                                       |  |
|   |              | =            | arty   |                         |                         |                                       |  |
|   | ļ            |              | AC     |                         |                         |                                       |  |
|   |              |              |        | endum<br>Receipt Source | d. Ele                  | ction Sum to Date                     |  |
| DECENTER  |              | <u>.</u> . v | HICI   | Receipt Source          | \$                      |                                       |  |
| Description RECEIVED  |              |              | $\neg$ | f. Date (mm/dd/yyy      | v)                      | g. Fair Market Amount                 |  |
| OCT 2 8 2015  |              |              | T      | (                       |                         | \$                                    |  |
| Union Co. Board of Elections  |              |              |        |                         | _                       |                                       |  |
|   |              | <del></del>  | - -    |                         |                         | \$                                    |  |
| . Total only this Page  |              | _            |        | · -                     |                         | \$                                    |  |
| . Total only this Page  . Total of ALL CRO-1510 Pages   |              |              |        |                         | \$                      | 3.84                                  |  |
| (This line must be on line 17 of Detailed Summary Page CPO 1100)                                      |              |              |        | ļ                       | \$                      | 3.84                                  |  |

**In-Kind Contributions** 

Amendment

| Debts and Obliga  | ations Owed By the C   | Committee Pg   | 1                | of 1                 | mendment<br>☐ Yes  |  |  |
|---|--|--|------------------|----------------------|--|--|--|
|   | y unpaid debts or obligations o<br>e (and Fund if applicable)  | owed by the committee, t                               | to inclu         | ude campaign         | credit card purchases. Number  |  |  |
|   |  | SATISTICAL STREET WAS DISCUST TREET, AND THE           | - 100 man 1      | <u> </u>             |  |  |  |
|   | Tripp Melton for Town Cou  | i a a a a a galangan a a a a a a a a a a a a a a a a a | 12475745         |                      | 1JM8IV   |  |  |
| 3. Creditor Information<br>a. Full Name, Mailing Addres     |  | Add Remo   |                  | word dobte chan      | uld be listed on form CRO-   |  |  |
| a. Full Name, Maning Addres<br>(include city, state, & zip) | s & rhone  |  |                  | e payee listed as t  |  |  |  |
| Charlotte Media Gr  | oup  | b. Description of Cre                                  |                  |                      |  |  |  |
| 10100 Park Cedar D  |  | Limi   | ited Li          | iability Comp        | any  |  |  |
| Charlotte, NC 2821  |  | ·  |                  |                      |  |  |  |
| c. Beginning Balance  | d. Total Amount Paid   | e. Total Amount Incu                                   | urred            | f. Ren               | naining Balance  |  |  |
| \$ 0  | \$ 0.00  | \$ 330.00  |                  |                      | 0.00   |  |  |
|   | ommittee received this period)   |  |                  |                      |  |  |  |
| g1. Purchase Place Full Name                                |  | g2, Date (mm/dd/yyy                                    | (y)              | g3. Amount           |  |  |  |
| (include city, state, & zip)                                | <u> </u>   |  |                  | φ                    |  |  |  |
| Charlotte Media Gr  | oup  | 10/16/2015   |                  | 330.00               |  |  |  |
| 10100 Park Cedar [  | Or.  | g4. Purpose Code                                       | g5. I            | Required Remarl      | ks   |  |  |
| Charlotte, NC 282   | 210 (704) 849-2261   | Α  |                  | lewspaper A          | Ad   |  |  |
| g1. Purchase Place Full Name                                | , Mailing Address & Phone  | g2. Date (mm/dd/yyy                                    | /y)              | g3. Amount           |  |  |  |
| (include city, state, & zip)                                |  |  | :                | \$                   |  |  |  |
|   |  | g4. Purpose Code                                       | g5. I            | l<br>Required Remari | ks   |  |  |
|   |  | 8.7.   | la               |                      |  |  |  |
|   |  |  |                  | •                    |  |  |  |
| g1. Purchase Place Full Name                                | e, Mailing Address & Phone   | g2. Date (mm/dd/yyy                                    | (X)              | g3. Amount           |  |  |  |
| (înclude city, state, & zip)                                | <u> </u>   |  |                  | \$                   |  |  |  |
|   |  | 4 Powers Code  | lie I            | <u> </u>             | 7  |  |  |
| ,   |  | g4. Purpose Code                                       | g5. 1            | Required Remar       | <u>KS</u>  |  |  |
|   |  |  | 1.               | •                    |  |  |  |
| g1. Purchase Place Full Name                                | e, Mailing Address & Phone   | g2. Date (mm/dd/yyy                                    | /y)              | g3. Amount           | antana penda da dentra de antando a mandele de presidência da de Auguntana, que esta mande estada e                          |  |  |
| (include city, state, & zip)                                | ·  |  |                  | s                    |  |  |  |
|   |  | A Day of Carlo   | 1                | <u> </u>             | -  |  |  |
|   |  | g4. Purpose Code                                       | g5, 1            | Required Remar       | ks   |  |  |
| •   | •  |  |                  |                      | ,  |  |  |
| g1. Purchase Place Full Name                                | . Mailing Address & Phone  | g2. Date (mm/dd/yyy                                    | vv)              | g3. Amount           | arata anosan no <del>oda (1866) yaa a</del> osaa suusoonaan ningirin sooni a soonaasia ahaan ahaa soonaa soonaa soonaa soona |  |  |
| (include city, state, & zip)                                | , 17 Maring 18 Marin   | 5-1  | , u ,            | \$                   |  |  |  |
|   |  |  | <del>- 1 -</del> | <u> </u>             |  |  |  |
|   |  | g4. Purpose Code                                       | g5. I            | Required Remar       | ks   |  |  |
|   |  |  |                  |                      |  |  |  |
| 4. Total only this Pa<br>(This should be the sum o          | <b>ige</b><br>of all items 'g3.' from this page,   | )  |                  | \$                   | 330.00   |  |  |
| 5. Total of ALL CR (This line must be on line               | O-1610 Pages<br>22 of Detailed Summary Page  | e CRO-1100)  |                  | \$                   | 330.00   |  |  |
| 6. Pupose Codes (Li   | st detailed expenditure  | code in (g4.)  |                  |                      |  |  |  |
| A* - Media  | B* - Printing C  | C* - Fundraising                                       |                  | To Another C         |  |  |  |
|   | F* - Equipment   | G - Political Party                                    |                  |                      | blic Office Expenses   |  |  |
|   | J - Penalties Feedback Feedbac | K* - Office Expenses R                                 | EC               | EIVFI                |  |  |  |

CRO-1610

NC State Board of Elections

February 2011